



## Application Checklist for Reinstatement

### *Previously Licensed in California*

### Speech-Language Pathologist

*NOTE: DOJ and FBI clearances must be received prior to issuance.*

#### **1. Application**

#### **2. License Fees**

- Check or Money Order to Board for \$60.

#### **3. National Exam Score**

- Must have minimum passing score of 600.
- Must be within five years.
- Must be sent from Praxis to our Board.

#### **4. Fingerprints**

- If a California resident, must do Livescan; send copy of your form to the Board. Fees paid directly to Livescan Operator.
- If out-of-state, send four cards and a check or money order to Board for \$49 to cover DOJ and FBI.



# APPLICATION FOR LICENSURE (PREVIOUSLY LICENSED IN CALIFORNIA)

**INSTRUCTIONS:** YOU MUST COMPLETE THIS ENTIRE APPLICATION. ANY CORRECTIONS TO THIS FORM MUST BE STRICKEN AND INITIALED. **DO NOT USE WHITE OUT OR CORRECTION TAPE ON THIS APPLICATION.** IF ANY SECTIONS ARE NOT COMPLETE, THIS APPLICATION WILL BE RETURNED. YOU MUST SUBMIT A CHECK OR MONEY ORDER FOR \$60.00 ALONG WITH THIS APPLICATION.

**TYPE OR PRINT**

1. FULL NAME: LAST FIRST MIDDLE		
2. OTHER NAMES YOU HAVE USED (INCLUDING MAIDEN):		PREVIOUS LICENSE NUMBER:
3. *ADDRESS OF RECORD: STREET		
CITY, STATE, ZIP CODE:		
4. RESIDENCE TELEPHONE: ( )		BUSINESS TELEPHONE: ( )
5. SOCIAL SECURITY NUMBER: - - - - -		DATE OF BIRTH (MM/DD/YY): / /
EMAIL ADDRESS: (OPTIONAL)		
6. EMPLOYER:		
STREET ADDRESS:		
CITY, STATE, ZIP CODE:		
7. LICENSE TYPE: SPEECH-LANGUAGE PATHOLOGY _____ AUDIOLOGY _____ DISPENSING AUDIOLOGY _____		
8. EDUCATION: MASTER'S DEGREE _____ MASTER'S DEGREE EQUIVALENCY _____ DOCTORATE OF AUDIOLOGY _____		

9. LIST ALL SCHOOLS WHERE SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY EDUCATION WAS RECEIVED.

INSTITUTION	LOCATION	MAJOR FIELD OF STUDY	DATES ATTENDED	DEGREE RECEIVED MA/BA/AUD AND DATE RECEIVED

\*YOUR ADDRESS OF RECORD IS PUBLIC INFORMATION AND WILL BE PLACED ON THE INTERNET.

10. HAVE YOU TAKEN THE EDUCATIONAL TESTING SERVICE/NATIONAL TEACHER EXAMINATION (NTE) (THE PRAXIS SERIES) IN SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY?  YES ____ NO ____ IF YES, DATE: ____/____/____ YOUR SCORE: _____ MONTH / YEAR (MINIMUM SCORE OF 600 REQUIRED)		
NOTE: YOU MUST HAVE THE EDUCATIONAL TESTING SERVICE (PRAXIS SERIES) SEND STANDARD SCORE EXAMINATION RESULTS DIRECTLY TO OUR OFFICE.		
11. HAVE YOU BEEN LICENSED TO PRACTICE SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY IN ANY STATE OR COUNTRY?  YES ____ NO ____ IF YES, WHAT STATE(S) OR COUNTRY _____		
12. DO YOU HAVE ANY PENDING OR HAVE YOU EVER HAD ANY DISCIPLINARY ACTION TAKEN OR CHARGES FILED AGAINST A SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY LICENSE OR OTHER HEALING ARTS LICENSE? INCLUDE ANY DISCIPLINARY ACTIONS TAKEN BY ANY STATE OR OTHER U.S. FEDERAL GOVERNMENT ENTITY.  YES ____ NO ____ IF YES, COMPLETE THE <a href="#">CONVICTION/LICENSE DISCIPLINARY ACTION FORM</a> <small>DISCIPLINARY ACTION INCLUDES, BUT IS NOT LIMITED TO, SUSPENSION, REVOCATION, PROBATION, CONFIDENTIAL DISCIPLINE, CONSENT ORDER, LETTER OF REPRIMAND OR WARNING, OR ANY OTHER RESTRICTIONS OF ACTION TAKEN AGAINST A SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY LICENSE.</small>		
13. ARE THERE ANY PENDING INVESTIGATIONS BY ANY STATE OR FEDERAL AGENCIES AGAINST YOU?  YES ____ NO ____ IF YES, COMPLETE THE <a href="#">CONVICTION/LICENSE DISCIPLINARY ACTION FORM</a>		
14. HAVE YOU BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION REGARDING ANY SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, OR OTHER HEALING ARTS LICENSE, WHICH YOU NOW HOLD OR HAVE PREVIOUSLY HELD?  YES ____ NO ____ IF YES, COMPLETE THE <a href="#">CONVICTION/LICENSE DISCIPLINARY ACTION FORM</a>		
15. HAVE YOU EVER BEEN DENIED A LICENSE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY, OR OTHER HEALING ARTS, IN ANY STATE?  YES ____ NO ____ IF YES, COMPLETE THE <a href="#">CONVICTION/LICENSE DISCIPLINARY ACTION FORM</a>		
16. HAVE YOU EVER VOLUNTARILY SURRENDERED A LICENSE TO PRACTICE SPEECH-LANGUAGE PATHOLOGY, AUDIOLOGY OR OTHER HEALING ARTS IN ANOTHER STATE?  YES ____ NO ____ IF YES, COMPLETE THE <a href="#">CONVICTION/LICENSE DISCIPLINARY ACTION FORM</a>		
17. HAVE YOU EVER BEEN CONVICTED OF, OR PLED NOLO CONTENDERE TO ANY OFFENSE, MISDEMEANOR OR FELONY OF ANY STATE, THE UNITED STATES, OR A FOREIGN COUNTRY? (EXCEPT VIOLATIONS OF TRAFFIC LAWS RESULTING IN FINES OF \$75 OR LESS)  YES ____ NO ____ IF YES, COMPLETE THE <a href="#">CONVICTION/LICENSE DISCIPLINARY ACTION FORM</a> <small>YOU ARE REQUIRED TO LIST ANY CONVICTION THAT HAS BEEN SET ASIDE AND/OR DISMISSED UNDER PENAL CODE SECTION 1203.4 OR UNDER ANY OTHER PROVISION OF THE LAW.</small>		
18. AUDIOLOGY APPLICANTS ONLY, DO YOU WISH TO DISPENSE HEARING AIDS?  YES ____ NO ____ IF YES, COMPLETE THE <a href="#">HEARING AID DISPENSER WRITTEN LICENSE EXAMINATION APPLICATION</a>		

**ATTACH 2" X 2" OR 3" X 3"**  
**PASSPORT QUALITY**  
**PHOTOGRAPH HERE**  
 YOU MUST PRINT YOUR FULL  
 NAME ON THE BACK OF THE  
 PHOTOGRAPH. THE  
 PHOTOGRAPH MUST HAVE  
 BEEN TAKEN WITHIN THE 60  
 DAYS OF THE FILING DATE OF  
 THIS APPLICATION.

YOU MUST REPORT TO THE BOARD THE RESULT OF ANY ACTIONS WHICH HAVE BEEN FILED OR WERE PENDING AGAINST ANY SPEECH-LANGUAGE PATHOLOGY OR AUDIOLOGY LICENSE YOU HOLD AT THE FILING OF THIS APPLICATION. FAILURE TO REPORT THIS INFORMATION MAY RESULT IN THE DENIAL OF YOUR APPLICATION OR SUBJECT YOUR LICENSE TO DISCIPLINE PURSUANT TO SECTION 480 (C) OF THE BUSINESS AND PROFESSIONS CODE.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE HEREIN ARE TRUE IN EVERY RESPECT, AND THAT MISSTATEMENTS OR OMISSIONS OF MATERIAL FACTS MAY BE CAUSE FOR DENIAL OF THIS APPLICATION, OR FOR SUSPENSION OR REVOCATION OF A LICENSE.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 (SIGNATURE MUST BE IN BLUE INK)

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**ORI:** \_\_\_\_\_ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: \_\_\_\_\_

### Agency Address Set Contributing Agency:

_____		_____	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
_____		_____	
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
_____		(      ) _____	
City	State	Zip Code	Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ SEX: ☐ Male ☐ Female Misc. No. **BIL** - \_\_\_\_\_  
Agency Billing Number (if applicable)

HT: \_\_\_\_\_ WT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: \_\_\_\_\_ Street or PO Box \_\_\_\_\_

SOC: \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_ Level of Service DOJ ☐ FBI ☐

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

\_\_\_\_\_

Employer Name

\_\_\_\_\_

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

\_\_\_\_\_

(      ) \_\_\_\_\_

City State Zip Code Agency Telephone No. (Optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Name of Operator

\_\_\_\_\_

Transmitting Agency ATI No. Amount Collected/Billed

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